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## **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in	n This Submission
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Application Number	09/925,934
Filing Date	August 9, 2001
First Named Inventor	Paul Patterson
Group Art Unit	3764
Examiner Name	Mathew, Fenn C.
Attorney Docket Number	4008-00201

ENCLOSURES (check all that apply)						
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration	(s)	Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a Provisional Application  Power of Attorney, Revocation		After Allowance Communication to Technology Center (TC)  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  Proprietary Information		
Extension of Time Request  Express Abandonment Re Information Disclosure State  Certified Copy of Priority Document(s)  Response to Missing Part Incomplete Application  Response to Missing under 37 CFR 1.52 of	equest atement s/	Change of Correspondence Address  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Remarks		Status Letter  Other Enclosure(s) (please identify below):  • Acknowledgment Postcard		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm Or Individual Name  Michael S. Bush  Signature						
Date May 16, 2005  CERTIFICATE OF MAILING						
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.						
Typed or Printed Name	Jean Brown			May 16, 2005		
Signature	Uns	Drywn Dat	Ð	May 16, 2005		

This collection of information is required by CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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· **/	Effecti	ive on 12/08	3/2004.		
Fees pursuant t	o the Consolida	ated Approp	riations Act,	2005 (H.R.	4818)
(OF) I		A 14	<b>~ 1</b>		

## TRANSMITTAL For FY 2005

✓ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 475.00

Complete if Known				
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Filing Date	August 9, 2001			
First Named Inventor	Paul Patterson			
Examiner Name	Mathew, Fenn C.			
Art Unit	3764			
Attorney Docket No.	4008-00201			

METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account	Deposit Accour	t Number: 50-15	515	Deposit A	ccount Name:_			
For the above-ident				y authorized to	o: (check all th	at apply)		
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information and authorization							<u></u>	
FEE CALCULATION								_
1. BASIC FILING, SEA			FEES					
	FILING	FEES Small Entity	SEARC			TION FEES		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	imall Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0	· · · · · · · · · · · · · · · · · · ·	
2. EXCESS CLAIM FEI	ES		•				Small Ent	_
Fee Description Each claim over 20 or, for	or Daissuas	each claim ave	ar 20 and m	ore than in t	he original r	natant	Fee (\$) Fee (\$)	1
Each independent claim								
Multiple dependent clair			m m.copon.				360 180	
Total Claims	Extra Claim	<u>Fee (\$)</u>	Fee Pai	d (\$)	Multiple De	ependent Claims		
20 or HP =		x <u>25.00</u>	_ =50	.00_	Fee (\$)	Fee Paid	<u>(\$)</u>	
HP = highest number of total Indep. Claims	claims paid for Extra Claim		Fee Pai	d (\$)				
4 - 3 or HP =	2	x 100.00	= 200.					ļ
HP = highest number of indep	endent claims	paid for, if greater th	nan 3					ı
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)								
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other: Request for							225.00	<u>-</u>

SUBMITTED BY		<u>/</u>	
Signature	M/12/	Registration No. 31,745 (Attorney/Agent)	Telephone 972/731-2288
Name (Print/Type)	Michael S. Bush		Date 5-/6-05

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